

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dipa Patel

Mailing Address 3801 Fairfax Dr
Ste 20

City State Zip Code
Arlington VA 22203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arlington OMS Surgery

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.27919

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert Pavelka

Mailing Address 5800 Coit Rd
Ste 400

City State Zip Code
Plano TX 75023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SA11AI.27921

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Diane Pennington

Mailing Address 73 Hawthorn Ln

City State Zip Code
Saint Marys GA 31558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Camden Oral Surgery

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.27922

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00